

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for chronic pain management.
- b. The request was received on July 12, 2002

II. EXHIBITS

1. Requestor:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on August 26, 2002. Per Rule 133.307, the carrier representative signed for the copy on August 26, 2002. The response from the insurance carrier was received in the Division on September 9, 2002. Based on 133.307(i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor's representative ___ states in the correspondence dated April 11, 2002 that... "When the claims were originally submitted each hour charge for Chronic Pain Management that was billed at \$140.00 was paid at \$74.00. The explanation for this reimbursement was that it had been determined to be fair and reasonable based on billing and payment research. I am including copies of EOBs from several other insurance companies who consistently reimbursed much higher than \$74.00 an hour for chronic pain management. Obviously, the reimbursement determined as reasonable and necessary by ___ is not in accordance with what is considered reasonable and necessary reimbursement by other insurance companies in this area. Therefore, how can the \$74.00 per hour reimbursement be a valid representation of reasonable and necessary in this area, if only one insurance company is paying at that low of a reimbursement rate?"
2. Respondent: The respondent's representative ___ states in the correspondence dated September 5, 2002 that... "EOB's do not demonstrate this carrier's methodology is not in compliance with Section 413.011(d)... EOB's do not establish or identify payment based on a consistent method as required by Rule 133.304(i)..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date(s) of service eligible for review are those commencing on July 26, 2001 and extending through August 28, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
07/26/01 through 8/28/01	97799-CP	\$20,580.00 (\$140.00 x 147)	\$10,878.00 (\$74.00 x 147)	M	DOP	TWCC Rule 134.202(e)(5) (E)(ii) MFG, General Instructions (III)(A) Rule 133.1(a)(8)	Requestor is asking for additional reimbursement of \$45.00 per unit, for a total of \$6,615.00. Per rule referenced chronic pain management programs reimbursement shall be \$125.00. Requestor has submitted EOB's showing payments were made between 100% and 85%. Per the rules referenced and the submitted EOB's reimbursement in the amount of \$6,615.00 is recommended.
Totals		\$20,580.00	\$10,878.00				The Requestor is entitled to reimbursement in the amount of \$6,615.00

The above Findings and Decision are hereby issued this 13th day of September 2002.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$6,615.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 13th day of September 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mf